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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H53087 (3)
1. Corporation Name
COMMNET FINANCIAL SERVICES, INC.



Principal Place of Business FDIC-100 COLONY SQ. BOX 68 STE 2300 ATLANTA GA 30361 US	Mailing Address FDIC-100 COLONY SQ. BOX 68 STE 2300 ATLANTA GA 30301-0068 US
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3. Date Incorporated or Qualified 04/19/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2583117	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 1201 W. Peachtree ST. N.E.	2a. Mailing Address 26. 1201 W. Peachtree ST. N.E.
22. Suite 1800	27. Suite 1800
23. Atlanta, GA	28. Atlanta, GA
24. 30309	25. Fulton
29. 30309	30. Fulton

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33327	10. Name and Address of New Registered Agent 81. Name 800002085618--5 82. Street Address (P.O. Box Number is Not Accepted) 02/12/97-01/99-007 *****8.75 83. 800002085618--5 84. City *****8.75
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, SCOTT W	1.2 NAME	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	1.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	1.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DVAS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, PATRICIA J	2.2 NAME	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	2.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	2.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DVAS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, CHARLES P	3.2 NAME	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	3.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	3.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	DST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSETTI, JOHN P	4.2 NAME	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	4.3 STREET ADDRESS	1201 W. Peachtree St., N.E., Suite 1800
CITY-ST-ZIP	ATLANTA GA 30361	4.4 CITY-ST-ZIP	Atlanta, GA 30309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Scott W. Chandler* **Scott W. Chandler, President** (404) 817-2571

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